



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAY 01 2024
3037

1. Entity ID Number 136612		2. Exact name of the Corporation Pure Beverage Systems, Inc.	
3. Principal Office Address 1084 West Shore Road, Unit 3		City Warwick	State RI
		Zip 02889	
4. NAICS Code 312111	6. Brief description of the character of business conducted in Rhode Island Distributor of Business Beverage Systems for water and coffee		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert Greenbaum		Vice-President Name	
Street Address 2600 S. Ocean Blvd., Apt 302S		Street Address	
City Palm Beach	State FL	Zip 33480	
Secretary Name Robert Greenbaum		Treasurer Name Robert Greenbaum	
Street Address 2600 S. Ocean Blvd., Apt 302S		Street Address 2600 S. Ocean Blvd., Apt. 302S	
City Palm Beach	State FL	Zip 33480	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES Common
		PAR VALUE No Par	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>			
Name of Authorized Representative Robert Greenbaum		Date 4/23/2024	
Signature of Authorized Representative 			